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Op, S

ROUTING AN	D TRANSMITTAL SLIP	Date	FBIST0	
O: (Name, office sym building, Agency/	bol, room number, Post)		Initials	Date
. Director o	f Management and Planr	ning		
2. DS&T			<u></u>	L
Room 6E45	Headquarters			
Action	File	Not	e and Ret	um
Approval	For Clearance	Per Conversation		
As Requested	For Correction	Prepare Reply		
Circulate	For Your Information	See Me		
Comment	Investigate	Sig	Signatura	
Coordination	Justify	1 1		

FBIS Calendar
(New and Improved Version)

REMARKS

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

D/FBIS

Room No.—Bidg.

Phone No.

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

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FBIS CALENDAR

OFFSITES

25X1

		DATE	LOCATION	ATTENDED BY
	Office Managers' Offsite	30 October- 1 November		D/FBIS
	TDYs			
	TDY Far East	2-20 November	Tokyo, Okinawa, Bangkok, Hong Kong, Seoul	D/FBIS
				.*
i	LEAVE			
	14-25 October	Annual Leave		D/FBIS